

ATTORNEY DOCKET NO. 17101.0003U2
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Ober et al.) Group Art Unit: **2165**
))
Application No.: **10/801,086**) Examiner: **MAHMOUDI, HASSAN**
))
Filing Date: **March 15, 2004**) Confirmation No.: **9464**
))
For: **SYSTEM AND METHOD FOR**)
GENERATING DE-IDENTIFIED)
HEALTH CARE DATA)

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmitted herewith are the following in the above-identified application:

<input checked="" type="checkbox"/>	Response to Office Action	<input checked="" type="checkbox"/>	Petition to Extend Time
<input checked="" type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input checked="" type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Replacement Drawings	<input type="checkbox"/>	Other _____

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims		20	0	X \$50.00		\$0.00
Independent Claims		3	0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00
<input checked="" type="checkbox"/> Terminal Disclaimer Fee				+ \$130.00		\$130.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input checked="" type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	 \$1020.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						-\$575.00
TOTAL FEE DUE						\$575.00

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APPLICATION NO. 10/801,086**

Payment:

- A check in the amount of \$_____ is enclosed.
- Payment by credit card in the amount of \$575.00 is enclosed.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

/Jason S. Jackson/

Jason S. Jackson

Registration No. 56,733

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
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(678) 420-9301 (fax)